

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days) 30 years

3. (a) PRINT FULL NAME NORA ASKREN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife John C. Askren 6. (c) Age of husband or wife if alive No years  
7. Birth date of deceased April 7 - 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Patrick J. Flouney  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Russick  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Askren

(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 8/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmund

18. (a) Signature of funeral director Burgman F. Horn

(b) Address 89 4306 Milwaukee

19. (a) 8/5/41 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1012 Bellefontaine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd  
year 1941 hour 11:00 P.M. minute  M.

21. I hereby certify that I attended the deceased from 7-18-41 to 8-3-41  
that I last saw her alive on 8-3-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder

Due to 52 B

Due to 52 B

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Amey R. Horn (M. D. or other)   
Address Dir. K. C. Gen. Hospital Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Harry Bergman*

Licensed Embalmer No. ....

*2041*

P. O. Address.....

*Kan City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed; fact should be so stated above.**